

OBSTETRICS & GYNECOLOGY



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- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*
- Email correspondence between the editorial office and the authors*

**The corresponding author has opted to make this information publicly available.*

Personal or nonessential information may be redacted at the editor's discretion.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:

obgyn@greenjournal.org.

Date: Oct 12, 2018
To: "Maryam Guiahi" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-1744

RE: Manuscript Number ONG-18-1744

Reproductive health care in Catholic facilities: A scoping review

Dear Dr. Guiahi:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Nov 02, 2018, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: This work attempts to shine light upon an historically shadowed topic: reproductive health care in Catholic-managed hospitals and other health care facilities. This is a task fraught with many roadblocks: political, philosophical, religious, geographical, and otherwise, and the authors do their best to illuminate these problems.

Although this paper speaks more about the difficulties with such research than it advances our knowledge of the topic, it appears that that is the whole point. As they "set out to better elucidate whether reproductive health care services are provided in Catholic health care settings and, if so, in what contexts", the writers ask, "[H]ow can the impact of religious restrictions on health care be understood if barriers to studying these implications exist?"

This frustration is highlighted by the authors' literature search, through which they were able to find only 27 pertinent studies, just 2 of which originated from within Catholic health care settings. Three authors were responsible for 37% of these 27 articles; 89% of the studies were by researchers unaffiliated with Catholic sites.

Other problems for bioethical researchers abound. Catholic dogma has changed remarkably through the years, often in response to the Church's political and social scandals, and changing social mores. For example, abortion before the date of quickening, while not encouraged, was acceptable in the Catholic Church into the early 1800s. Catholic attitudes toward the treatment of ectopic pregnancy have evolved. More American Catholics embrace contraception and abortion availability than don't. Certain dioceses are more accepting of LGBTQ patients than others, even though Vatican encyclicals are supposed to rule all. This picture is further muddled by the Catholic Church's corporate acquisitions of non-denominational facilities, at least some of which maintain their independence when it comes to reproductive health care offerings.

There also is the very real chance that any conclusions drawn about reproductive medicine today may not apply tomorrow. The Catholic Church, in particular, is somewhat of a floating target. What is dogma today may be changed at the whim of a Pontiff. Indeed, Francis has been a remarkable Pope in this regard, but his replacement may steer a completely different course.

Additionally, the authors of this manuscript limited their analysis to US-based Catholic facilities, removing all "studies performed outside of the U.S.". Clearly this is just a select subset of worldwide Catholic corporate holdings, and any conclusions based upon U.S. institutions will likely have little applicability to the global Church's dogma. There clearly is no single form of "Catholic health care". Thus, I must disagree with line 26, wherein the authors say, "Objective: Given the rise in Catholic health care...". The line more properly ought to say: "Objective: Given the rise in Catholic ownership of US health care facilities...".

The authors also elected to exclude papers that "reported legal cases or concerns". This tactical decision probably made the paper easier to write, but may have left out many of the exact concerns expressed by critics of religion-based health care. Not discussed is the elephant in the room: the historical and ongoing butting of heads between our Journal's sponsoring organization, and the sponsors of religiously regulated women's health care.

This manuscript's writers also noted that reproductive health services varied by institution, and that some practitioners and administrators would disguise or "hide" what was really being done within their buildings, sometimes using "workarounds". Some institutions refused to discuss emergency contraception with rape victims, while others did not. Some institutions would refer patients who wanted sterilization; some would not. Disturbingly, but also possibly hopefully, "physicians often reported conflict with their hospitals' policies." Apart from this moral mountain, to make any type of statistical or analytical sense of such a system seems a Sisyphean challenge.

The authors allow, "This scoping review... identifies knowledge and research gaps.... As Catholic health care services continue and expand within the U.S. health care market, so does the need for a better understanding of patient outcomes.... A better understanding of how specific medical restrictions impact patients will provide a clearer understanding of how the medical community should consider these institutional religious restrictions...". I endorse these conclusions, and believe that this paper, after editing and elimination of most of the tabular data, deserves a place in our Journal, if only to propel the dialogue about the implications of politically active, protected entities imposing their singular religious values upon our increasingly secular and diverse (sexually, politically, and intellectually) population, all while gaining a double-digit percentage share of the U.S. health care market and affecting a very large and potentially vulnerable segment of our society.

Reviewer #2: This is a comprehensive review of all the existing literature regarding reproductive health care in Catholic affiliated hospitals.

1. Please define scoping review more for the reader.
2. Table 1: What order are the studies listed in?
3. Results paragraph 2: Why are there 3 studies listed in parentheses, it is not clear why these references are placed there in the text.
4. Results: throughout results, why are some references in parentheses and others superscripts?
5. The relevance of papers from the 1960s and 1970s seems questionable in today's environment. While I understand wanting to undertake a comprehensive review, so many things have changed over time I wonder if the analysis should be restricted to later. Abortion has become more political for example.
6. Line 226, what evidence is there that Catholic institutions are suppressing research? Please be more explicit.

Reviewer #3: I found the results of this article to be very interesting and slightly disconcerting in light of the prevalence of Catholic health institutions and mergers. I hope the authors and their colleagues use this scoping review to contribute to the dearth in reproductive health outcomes research in Catholic institutions compared to other settings.

73-75: As the authors point out in the conclusion, they are unable to fully explore the research question given the lack of literature.

95-118: Authors abide by methodology for a scoping review (H. Arksey, L. O'Malley Scoping studies: towards a methodological framework *Int J Soc Res Methodol*, 8 (1) (2005), pp. 19-32). They are appropriately selective in inclusion criteria including using primary research findings that are relevant to the US, which is unique in its healthcare politics, socioeconomics and reproductive health access issues.

119-129: Authors raise an important deficiency in the literature and important obstacles to closing the gaps in research (*228-229).

Reviewer #4: I have had limited exposure to a scoping review prior to this manuscript but think the method allows for a well reasoned and articulated overview of the limited knowledge currently available in the literature regarding reproductive health care in Catholic facilities. Prior to reading this manuscript I would have expected more literature regarding this topic given the concern of many communities who rely on Catholic health care facilities. I imagine that this scoping review

will be the starting point for many researchers to come as they try to fill in our current gaps in knowledge.

STATISTICAL EDITOR COMMENTS:

The Statistical Editor makes the following points that need to be addressed:

Table 1: "Emergency contraception and Catholic hospitals (1999)"; "Contraceptive Emergencies ... (2003)": Should include proportion of the 597 which provided information.

"Availability of emergency contraception: ... (2005)": Did all 597 and 615/628 respond?

A more concise table could be in the main text, with more detailed format as on-line supplemental.

EDITOR COMMENTS:

1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor's specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.

- Here you say "reproductive health care" while in discussion you say "health outcomes"--clearly a subset of the broader topic "health care". Which were you looking for?

- In the manuscript, you say you finished in September. Please clarify.

- Did you look at reference lists of included papers? You should mention here that you excluded papers related to malpractice, etc.

- Do you know the approximate percentage of births in the US that occur in Catholic hospitals?

- Isn't any contraceptive plan, including natural family planning, in place to avoid conception?

- We don't use the virgule (/) in the journal except in numeric expression. Please edit here and in all instances.

- Please list primary and secondary outcomes. Also, in the next sentence, you have made what is known as a primacy claim (this is the first, biggest, best, etc). To be included, please provide the methodology and search results done of the literature to support the claim. Otherwise, omit it.

- name the IRB and give reason for exemption

- what does parenthetics refer to? If references, please see instructions for authors for how to reference these? I'm not sure you would have 7 mystery caller papers but only list 1 in parenthesis, for example.

- Wow--that's not really too different. Almost 50% of catholic hospitals DO provide emergency contraception?

Please provide some background into what a scoping review is for the readers. This will be the first one we've published, to my knowledge. A brief sentence in the abstract, with more information in the methods section of the manuscript, would be sufficient.

2. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

3. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at <http://links.lww.com/AOG/A515>, and the gynecology data definitions are available at <http://links.lww.com/AOG/A935>.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Review articles should not exceed 25 typed, double-spaced pages (6,250 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendixes).

Please limit your Introduction to 250 words and your Discussion to 750 words.

5. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with the following guidelines:

- * All financial support of the study must be acknowledged.
- * Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
- * All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your signature on the journal's author agreement form verifies that permission has been obtained from all named persons.
- * If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

6. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Reviews, 300 words. Please provide a word count.

7. In your Abstract, please briefly describe what a "scoping review" is. Please also make sure the description also appears in your Introduction.

8. Only standard abbreviations and acronyms are allowed. A selected list is available online at <http://edmgr.ovid.com/ong/accounts/abbreviations.pdf>. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

9. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

10. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

11. The American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite College documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly. If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All College documents (eg, Committee Opinions and Practice Bulletins) may be found via the Resources and Publications page at <http://www.acog.org/Resources-And-Publications>.

12. Figure 1 may be resubmitted as-is with the revision.

13. If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at <http://ong.editorialmanager.com>. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors, that each author has given approval to the final form of the revision, and that the agreement form signed by each author and submitted

with the initial version remains valid.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Nov 02, 2018, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

2017 IMPACT FACTOR: 4.982
2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

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In response to the EU General Data Protection Regulation (GDPR), you have the right to request that your personal information be removed from the database. If you would like your personal information to be removed from the database, please contact the publication office.

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Dear Dr. Cheschier and reviewers.

Thank you so much for your review of our manuscript. Our comments are below. We await the journal's final recommendations about whether the abstracts should be cited in the reference list and if a shorter table is desired. We have included both a "track changes" version and a clean copy of the revised manuscript.

Maryam Guiahi & co-authors

REVIEWER COMMENTS:

Reviewer #1: This work attempts to shine light upon an historically shadowed topic: reproductive health care in Catholic-managed hospitals and other health care facilities. This is a task fraught with many roadblocks: political, philosophical, religious, geographical, and otherwise, and the authors do their best to illuminate these problems.

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This frustration is highlighted by the authors' literature search, through which they were able to find only 27 pertinent studies, just 2 of which originated from within Catholic health care settings. Three authors were responsible for 37% of these 27 articles; 89% of the studies were by researchers unaffiliated with Catholic sites.

Other problems for bioethical researchers abound. Catholic dogma has changed remarkably through the years, often in response to the Church's political and social scandals, and changing social mores. For example, abortion before the date of quickening, while not encouraged, was acceptable in the Catholic Church into the early 1800s. Catholic attitudes toward the treatment of ectopic pregnancy have evolved. More American Catholics embrace contraception and abortion availability than don't. Certain dioceses are more accepting of LGBTQ patients than others, even though Vatican encyclicals are supposed to rule all. This picture is further muddled by the Catholic Church's corporate acquisitions of non-denominational facilities, at least some of which maintain their independence when it comes to reproductive health care offerings.

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Thank you for your comments. We are in complete agreement. We did not go into these details, as our focus was on what the literature has already demonstrated. Further, although we know that there are many factors that contribute, the *Ethical and Religious Directives* have changed very little over the years. It was recently updated in June 2018 and still consistent with only accepting natural family planning for heterosexually married couples as a family planning method.

Additionally, the authors of this manuscript limited their analysis to US-based Catholic facilities, removing all "studies performed outside of the U.S.". Clearly this is just a select subset of worldwide Catholic corporate holdings, and any conclusions based upon U.S. institutions will likely have little applicability to the global Church's dogma. There clearly is no single form of "Catholic health care". Thus, I must disagree with line 26, wherein the authors say, "Objective: Given the rise in Catholic health care...". The line more properly ought to say: "Objective: Given the rise in Catholic ownership of US health care facilities...".

Thank you for your above comments. We have revised as suggested the objective statement.

The authors also elected to exclude papers that "reported legal cases or concerns". This tactical decision probably made the paper easier to write, but may have left out many of the exact concerns expressed by critics of religion-based health care. Not discussed is the elephant in the room: the historical and ongoing butting of heads between our Journal's sponsoring organization, and the sponsors of religiously regulated women's health care.

We agree with this point and have added it to our limitations section, adding the following: *"As we wanted to focus on provision of reproductive health care and related outcomes, we intentionally did not include reports of legal cases or concerns. We recognize, however, that this omission leaves out concerns that have been expressed about reproductive health care provision by both proponents and opponents of religious institutional health care."*

This manuscript's writers also noted that reproductive health services varied by institution, and that some practitioners and administrators would disguise or "hide" what was really being done within their buildings, sometimes using "workarounds". Some institutions refused to discuss emergency contraception with rape victims, while others did not. Some institutions would refer patients who wanted sterilization; some would not. Disturbingly, but also possibly hopefully, "physicians often reported conflict with their hospitals' policies." Apart from this moral mountain, to make any type of statistical or analytical sense of such a system seems a Sisyphean challenge.

The authors allow, "This scoping review... identifies knowledge and research gaps.... As Catholic health care services continue and expand within the U.S. health care market, so does the need for a better understanding of patient outcomes.... A better understanding of how specific medical restrictions impact patients will provide a clearer understanding of how the medical community should consider these institutional religious restrictions...". I endorse these conclusions, and believe that this paper, after editing and elimination of most of the tabular data, deserves a place in our Journal, if only to propel the dialogue about the implications of politically active, protected entities imposing their singular religious values upon our increasingly secular and diverse (sexually, politically, and intellectually) population, all while gaining a double-digit percentage share of the U.S. health care market and affecting a very large and potentially vulnerable segment of our society.

Thank you for your comments and endorsement.

Reviewer #2: This is a comprehensive review of all the existing literature regarding reproductive health care in Catholic affiliated hospitals. Thank you.

1. Please define scoping review more for the reader.

As suggested by you and Dr. Cheschier we added a statement in the objective: *"We performed a scoping review, which maps the literature and considers inclusion of studies that are not specifically quantitative."*

In the introduction, we broadened the description as follows: “*We conducted a scoping review, rather than a systematic review, as it provides a means to mapping the literature with respect to a broad question.⁷ Specifically, it provides the opportunity to include studies that are not specifically quantitative (e.g. qualitative) or based on a rigid set of a priori factors, recognizing that any well-designed research studies are potential sources of credible evidence.*”⁷”

2. Table 1: What order are the studies listed in? We chose to first order by topic ranging from natural family to abortion and within these categories arranged by publication date.

3. Results paragraph 2: Why are there 3 studies listed in parentheses, it is not clear why these references are placed there in the text. Studies listed in parentheses reflect abstract publications. This is the recommended format by the journal. Once the abstract was listed once we then only included the first author’s last name et al and then wrote [abstract] to help shorten it in subsequent references. If the journal allows, we can consider numerical subscripts instead.

4. Results: throughout results, why are some references in parentheses and others superscripts? See above response.

5. The relevance of papers from the 1960s and 1970s seems questionable in today's environment. While I understand wanting to undertake a comprehensive review, so many things have changed over time I wonder if the analysis should be restricted to later. Abortion has become more political for example. We prefer to keep these as it does reflect a comprehensive review and given the relatively low number of publications, we find it helpful. Further, we believe it helps provide historical reference. For example, amongst the natural family planning papers the one from 1966 says rhythm method was the *only* method offered whereas later studies demonstrate that many other methods are offered. This may be of interest to readers.

6. Line 226, what evidence is there that Catholic institutions are suppressing research? Please be more explicit. We revised the statement to say, “*Investigators from both within and outside of these institutions may have trouble gaining approvals for research based on institutional priorities; a prior study related to Catholic health care reported that the investigators were unable to gain approval for survey dissemination within a Catholic hospital.*”³⁴”

This was based on personal experience in which the institution told me (MG) that they preferred that their patients were not made aware of restrictions to care despite IRB approval. The clarification reflects what was written in the published manuscript. I have also had two other cases in which I was unable to gain IRB approval within a Catholic facility for similar reasons.

Reviewer #3: I found the results of this article to be very interesting and slightly disconcerting in light of the prevalence of Catholic health institutions and mergers. I hope the authors and their colleagues use this scoping review to contribute to the dearth in reproductive health outcomes research in Catholic institutions compared to other settings. Thank you for your comments here and below. We plan to use this review to provide justification for future work.

73-75: As the authors point out in the conclusion, they are unable to fully explore the research question given the lack of literature.

95-118: Authors abide by methodology for a scoping review (H. Arksey, L. O'Malley Scoping studies: towards a methodological framework *Int J Soc Res Methodol*, 8 (1) (2005), pp. 19-32). They are

appropriately selective in inclusion criteria including using primary research findings that are relevant to the US, which is unique in its healthcare politics, socioeconomics and reproductive health access issues.

119-129: Authors raise an important deficiency in the literature and important obstacles to closing the gaps in research (*228-229).

Reviewer #4: I have had limited exposure to a scoping review prior to this manuscript but think the method allows for a well reasoned and articulated overview of the limited knowledge currently available in the literature regarding reproductive health care in Catholic facilities. Prior to reading this manuscript I would have expected more literature regarding this topic given the concern of many communities who rely on Catholic health care facilities. I imagine that this scoping review will be the starting point for many researchers to come as they try to fill in our current gaps in knowledge.

Thank you for your comments. Yes, this is meant to highlight the need for more work, as scoping reviews commonly do.

STATISTICAL EDITOR COMMENTS:

The Statistical Editor makes the following points that need to be addressed:

Table 1: "Emergency contraception and Catholic hospitals (1999)"; "Contraceptive Emergencies ... (2003)": Should include proportion of the 597 which provided information. We added the proportion.

"Availability of emergency contraception: ...(2005)": Did all 597 and 615/628 respond? Changed the word "contacted" to responded to reflect the number of hospitals that did respond.

A more concise table could be in the main text, with more detailed format as on-line supplemental. Happy to provide a concise table based on the journal's recommendations for what should be included.

EDITOR COMMENTS:

1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor's specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.

- Here you say "reproductive health care" while in discussion you say "health outcomes"--clearly a subset of the broader topic "health care". Which were you looking for?

Revised to say "...we aimed to examine reproductive health care provision and patient outcomes."

- In the manuscript, you say you finished in September. Please clarify. We did not realize that green journal wanted clinicaltrials.gov so that search was actually performed in early September after the preliminary review, but did not yield any new data. So for simplicity's sake I revised the manuscript to say the searches were done in August since a September search reflects that.

- Did you look at reference lists of included papers? You should mention here that you excluded papers related to malpractice, etc. *We added: "We reviewed the reference lists of included papers. We excluded papers that addressed the relationship of patient or provider religion to provision of reproductive services, described reproductive health care services in non-Catholic facilities, or reported legal cases or concerns."*

- Do you know the approximate percentage of births in the US that occur in Catholic hospitals? *We could not find the approximate percentage but provided the following information: "...and 349 of the 654 Catholic hospital had obstetrical services accounting for over 529,000 deliveries."*

- Isn't any contraceptive plan, including natural family planning, in place to avoid conception? *Based on word constraints, we removed the examples related to both "life-giving" and "love-giving."*

- We don't use the virgule (/) in the journal except in numeric expression. Please edit here and in all instances. *Revised here and throughout.*

- Please list primary and secondary outcomes. Also, in the next sentence, you have made what is known as a primacy claim (this is the first, biggest, best, etc). To be included, please provide the methodology and search results done of the literature to support the claim. Otherwise, omit it.

We revised to say, "In this review, our primary outcome was to understand reproductive health care provision in Catholic health care facilities. Secondarily, we aimed to understand the contexts in which provision occurs and patient outcomes." We also omitted the primacy statement.

- name the IRB and give reason for exemption. *Revised to say, "The Colorado Multiple Institutional Review Board deemed this project to be non-human subjects research as it did not require obtaining information about living individuals."*

- what does parenthetics refer to? If references, please see instructions for authors for how to reference these? I'm not sure you would have 7 mystery caller papers but only list 1 in parenthesis, for example.

We cited abstracts that we could not locate as full-text manuscripts in parentheses per the journal's author instructions, section IV Manuscript structure→ Section E References which says—" Unpublished data, personal communications, statistical programs, papers presented at meetings and symposia, abstracts, letters, and manuscripts submitted for publication cannot be listed in the references. Information from such sources may be cited, if necessary, in the text with the sources given in parentheses." We agree as you and the other reviewers found that it becomes confusing. We are happy to move these abstracts to numbered references if acceptable.

- Wow--that's not really too different. Almost 50% of catholic hospitals DO provide emergency contraception? *Yes we highlighted this in our discussion about variable adherence and how conclusions about restrictions are limited in that we really don't have a lot of direct comparisons or patient outcomes.*

Please provide some background into what a scoping review is for the readers. This will be the first one we've published, to my knowledge. A brief sentence in the abstract, with more information in the methods section of the manuscript, would be sufficient.

In the abstract objective we added: "We performed a scoping review, which maps the literature and considers inclusion of studies that are not specifically quantitative."

In the manuscript we broadened the description as follows: *“We conducted a scoping review, rather than a systematic review, as it provides a means to mapping the literature with respect to a broad question.⁷ Specifically, it provides the opportunity to include studies that are not specifically quantitative (e.g. qualitative) or based on a rigid set of a priori factors, recognizing that any well-designed research studies are potential sources of credible evidence.”*⁷

2. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries. **OPT-INT**

2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

3. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at <http://links.lww.com/AOG/A515>, and the gynecology data definitions are available at <http://links.lww.com/AOG/A935>.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Review articles should not exceed 25 typed, double-spaced pages (6,250 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendixes).

Please limit your Introduction to 250 words and your Discussion to 750 words.

Introduction= 249 words, Discussion=749 words.

5. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with the following guidelines:

* All financial support of the study must be acknowledged.

* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.

* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your signature on the journal's author agreement form verifies that permission has been obtained from all named persons.

* If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

Acknowledgements are appropriate as it.

6. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully. Revision is appropriate.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Reviews, 300 words. Please provide a word count. Abstract word count= 299 (not including headings).

7. In your Abstract, please briefly describe what a "scoping review" is. Please also make sure the description also appears in your Introduction. Added.

8. Only standard abbreviations and acronyms are allowed. A selected list is available online at <http://edmgr.ovid.com/ong/accounts/abbreviations.pdf>. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

9. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

10. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

11. The American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite College documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly. If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All College documents (eg, Committee Opinions and Practice Bulletins) may be found via the Resources and Publications page at <http://www.acog.org/Resources-And-Publications>.

12. Figure 1 may be resubmitted as-is with the revision.

13. If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at <http://ong.editorialmanager.com>. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors, that each author has given approval to the final form of the revision, and that the agreement form signed by each author and submitted with the initial version remains valid.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Nov 02, 2018, we will assume you wish to withdraw the manuscript from further consideration.

From: [REDACTED]
To: [Randi Zung](#)
Cc: [Denise Shields](#)
Subject: RE: Your Revised Manuscript 18-1744R1
Date: Thursday, October 18, 2018 10:54:18 AM
Attachments: [18-1744R1 ms \(10-18-18v2\) MG.docx](#)

Attached is the manuscript. I accept all changes and have responded to the queries with comments in the manuscript. Stephanie Casway already contacted me about the figure and added a legend in the revised figure.

Please let me know if you need anything else.

Thank you,
Maryam

From: Randi Zung <RZung@greenjournal.org>
Sent: Thursday, October 18, 2018 7:11:25 AM
To: Guiahi, Maryam
Cc: Denise Shields
Subject: Your Revised Manuscript 18-1744R1

Dear Dr. Guiahi:

Your revised manuscript is being reviewed by the Editors. Before a final decision can be made, we need you to address the following queries. Please make the requested changes to the latest version of your manuscript that is attached to this email. **Please track your changes and leave the ones made by the Editorial Office.** Please also note your responses to the author queries in your email message back to me.

1. General: The Editor has made edits to the manuscript using track changes. Please review them to make sure they are correct.
2. Line 47-49: Would you describe where these data are represented in the paper, somewhere other than the abstract? All data that appears in the Abstract must also appear in the body text or tables. Please add these numbers if they are missing.
3. Line 50: Line 132 says n=18 and percentage is 67%. Which are correct?
4. Line 50: Please be sure this is stated in the body of your paper.
5. Line 59: Did you register in PROSPERO? If so, please add this information here. We realize this is not required for a scoping review, but we want to include this information if you have one.
6. Line 124: Please insert a Figure Legend at the end of the manuscript file.
7. Line 132: Abstract says n=17 and 63%.

To facilitate the review process, we would appreciate receiving a response within 24 hours. Please send your edited version to Denise Shields, copied on this message. I will be out of the office on October 19.

Best,
Randi Zung

--

Randi Zung (Ms.)

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From: [REDACTED]
To: [Stephanie Casway](#)
Subject: Re: O&G Figure Revision: 18-1744
Date: Monday, October 15, 2018 4:31:02 PM

I think #2 "Flow diagram of study selection" works best. thanks!

Maryam

Maryam Guiahi MD, MSc
[REDACTED]

From: Stephanie Casway <SCasway@greenjournal.org>
Sent: Monday, October 15, 2018 1:44:37 PM
To: Guiahi, Maryam
Subject: RE: O&G Figure Revision: 18-1744

Hi Maryam,

Thank you so much for your review. I have included several legend options below. Please let me know if any of these work for you. Thanks!

1. Flow diagram of systematic review and meta-analysis process.
2. Flow diagram of study selection.
3. Flow diagram demonstrating process of study selection for meta-analysis.

From: Guiahi, Maryam [REDACTED]
Sent: Monday, October 15, 2018 3:08 PM
To: Stephanie Casway <SCasway@greenjournal.org>
Subject: Re: O&G Figure Revision: 18-1744

Hi Stephanie--

I reviewed the figure and it is appropriate. I do not know what sort of legend I should provide as I reviewed similar articles that follow this PRISMA format and did not come across any legends. Do you have any suggestions?

Thank you!
Maryam

Maryam Guiahi MD, MSc
[REDACTED]

From: Stephanie Casway <SCasway@greenjournal.org>
Sent: Monday, October 15, 2018 11:43:45 AM
To: Guiahi, Maryam

Subject: O&G Figure Revision: 18-1744

Good Afternoon Dr. Guiahi,

Your figure has been edited, and a PDF of the figure is attached for your review. Please review the figure CAREFULLY for any mistakes. In addition, please see our query below.

AQ1: Please provide a legend for this figure.

PLEASE NOTE: Any changes to the figures must be made now. Changes made at later stages are expensive and time-consuming and may result in the delay of your article's publication.

To avoid a delay, I would be grateful to receive a reply no later than Wednesday, 10/17. Thank you for your help.

Best wishes,

Stephanie Casway, MA
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